PALMER CENTER

3023 SOUTH 84T	H STREET
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WEST ALLIS 53227 Phone: (414) 607-4100)	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	10	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/05):	10	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	9	Average Daily Census:	8

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	8	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	88.9 11.1
Developmental Disabilities	0.0	Under 65	33.3	More Than 4 Years	0.0
Mental Illness (Org./Psy)	0.0	65 - 74	22.2		
Mental Illness (Other)	0.0	75 - 84	22.2		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	11.1		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	0.0	65 & Over	66.7		
Cerebrovascular	0.0			RNs	57.5
Diabetes	0.0	Gender	%	LPNs	37.6
Respiratory	100.0			Nursing Assistants,	
Other Medical Conditions	0.0	Male	55.6	Aides, & Orderlies	62.8
		Female	44.4	İ	
	100.0	İ		İ	
			100.0	İ	

Method of Reimbursement

		edicare			edicaid itle 19			Other		P	rivate Pay	2		amily Care			Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	8	100.0	450	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	875	9	100.0
Total	0	0.0		8	100.0		0	0.0		0	0.0		0	0.0		1	100.0		9	100.0

PALMER CENTER

Admissions, Discharges, and Deaths During Reporting Period						d Activities as of 12/ 				
			% Needing							
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		33.3	66.7	9			
Other Nursing Homes	0.0	Dressing	0.0		33.3	66.7	9			
Acute Care Hospitals	100.0	Transferring	0.0		22.2	77.8	9			
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		22.2	77.8	9			
Rehabilitation Hospitals	0.0	Eating	0.0		11.1	88.9	9			
Other Locations	0.0	******	******	*****	******	******	******			
Total Number of Admissions	14	Continence		%	Special Treatmen	ts	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	100.0	Receiving Resp	iratory Care	100.0			
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	0.0	Receiving Trac	heostomy Care	100.0			
Private Home/With Home Health	7.1	Occ/Freq. Incontiner	nt of Bowel	100.0	Receiving Suct	ioning	100.0			
Other Nursing Homes	7.1				Receiving Osto	my Care	22.2			
Acute Care Hospitals	14.3	Mobility			Receiving Tube	Feeding	77.8			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	22.2			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Resident C	haracteristics				
Deaths	71.4	With Pressure Sores		55.6	Have Advance D	irectives	100.0			
Total Number of Discharges		With Rashes		0.0	Medications					
(Including Deaths)	14	İ			Receiving Psyc	hoactive Drugs	88.9			

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	orofit	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	8	Ratio	ે	Ratio	ે	Ratio
Organization Patrick Resource Daily Consus (Lineared Dada	80.0	07.0	0.92	79.0	1.01	06.5	0.93	0.0 1	0.91
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	87.0				86.5		88.1	
Current Residents from In-County	77.8	87.6	0.89	70.1	1.11	84.9	0.92	77.6	1.00
Admissions from In-County, Still Residing	42.9	19.2	2.24	11.3	3.79	17.5	2.45	18.1	2.36
Admissions/Average Daily Census	175.0	172.6	1.01	343.8	0.51	200.9	0.87	162.3	1.08
Discharges/Average Daily Census	175.0	175.8	1.00	343.2	0.51	204.0	0.86	165.1	1.06
Discharges To Private Residence/Average Daily Census	12.5	73.1	0.17	174.7	0.07	86.7	0.14	74.8	0.17
Residents Receiving Skilled Care	0.0	97.8	0.00	93.6	0.00	96.9	0.00	92.1	0.00
Residents Aged 65 and Older	66.7	96.5	0.69	87.9	0.76	90.9	0.73	88.4	0.75
Title 19 (Medicaid) Funded Residents	88.9	48.9	1.82	43.3	2.05	55.0	1.62	65.3	1.36
Private Pay Funded Residents	0.0	31.3	0.00	33.1	0.00	22.5	0.00	20.2	0.00
Developmentally Disabled Residents	0.0	0.4	0.00	0.0		1.1	0.00	5.0	0.00
Mentally Ill Residents	0.0	31.3	0.00	26.1	0.00	31.0	0.00	32.9	0.00
General Medical Service Residents	0.0	27.9	0.00	24.8	0.00	26.5	0.00	22.8	0.00
Impaired ADL (Mean)	91.1	51.5	1.77	54.1	1.68	52.3	1.74	49.2	1.85
Psychological Problems	88.9	62.4	1.42	52.9	1.68	58.3	1.52	58.5	1.52
Nursing Care Required (Mean)	59.7	7.0	8.58	8.8	6.76	7.3	8.19	7.4	8.05